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FOLEY & LARDNER LLP
ATTORNEYS AT LAW

11250 EL CAMINO REAL, SUITE 200
SAN DIEGO, CA 92130
P.O. BOX 80278
SAN DIEGO, CA 92138-0278
TELEPHONE: 858.847.6700
FACSIMILE: 858.792.6773
WWW.FOLEY.COM

FACSIMILE TRANSMISSION

Total number of pages, including this page: **Nine (9)**

TO:	PHONE #:	FAX #:
Examiner Tekchand Saidha Group Art Unit 1652 U.S. Patent and Trademark Office	571-272-0940	571-273-8300

From : Stacy L. Taylor
Email Address : staylor@foley.com
Sender's Direct Dial : 858.847.6720
Date : April 4, 2006
Client/Matter No : 041673-0301
User ID No : 9055

MESSAGE:

U.S. Patent Application No. 09/493,6011

Following is:

- 1) Amendment Transmittal;
- 2) Credit Card Payment Form; and
- 2) Response to Restriction Requirement and Preliminary Amendment.

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Operator:	Time Sent:	Return Original To: Rachel Caputo
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APR - 4 2006

Atty. Dkt. No. 041673-0301

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Edward Dennis

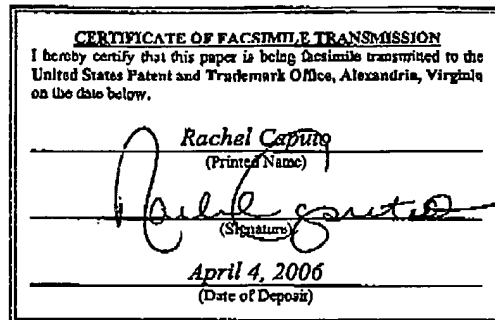
Title: CLONED HUMAN
LYSOPHOSPHILIPASE

Appl. No.: 09/493,601

Filing Date: 1/28/2000

Examiner: T. Saidha

Art Unit: 1652

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	11	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$200.00	=	\$0.00

Atty. Dkt. No. 041673-0301

 First presentation of any Multiple Dependent Claims: + \$360.00 = \$0.00

 CLAIMS FEE TOTAL = \$0.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$2,160.00
EXTENSION FEE TOTAL:		\$2,160.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$2,160.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$1,080.00
TOTAL FEE:		\$1,080.00

A credit card payment form in the amount of \$1,080.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 041673-0301

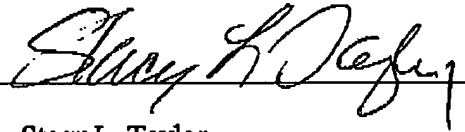
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

4/4/06

By



FOLEY & LARDNER LLP

Customer Number: 30542

Telephone: (858) 847-6720

Facsimile: (858) 792-6773

Stacy L. Taylor

Attorney for Applicant

Registration No. 34,842

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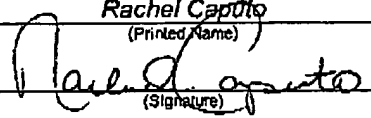
NO. 4621 P. 6/9

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Atty. Dkt. No. 041673-0301

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Edward Dennis
Title: CLONED HUMAN
LYSOPHOSPHILIPASE
Appl. No.: 09/493,601
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Examiner: T. Saidha
Art Unit: 1652

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. Rachel Caputo (Printed Name)  (Signature) April 4, 2006 (Date of Deposit)

**RESPONSE TO RESTRICTION REQUIREMENT AND PRELIMINARY
AMENDMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement set forth in the Office Action mailed October 04, 2005, Applicant hereby provisionally elects Group I, Claims 1-2, for examination, without traverse. In that respect, please amend the claims as follows. The following Listing of Claims shall then supercede all prior listings of claims:

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DLMR_282509.1